



Department of Insurance
State of Arizona
Financial Affairs Division – Trust Deposit Unit
2910 North 44th Street, Suite 210
Phoenix, Arizona 85018-7269
Telephone: (602) 364-2712
Fax: (602) 364-3989

REQUEST FOR RELEASE OF CERTIFICATE OF DEPOSIT

REQUEST IS MADE FOR RELEASE OF THE FOLLOWING CERTIFICATE OF DEPOSIT FROM SAFEKEEPING WITH THE ARIZONA STATE TREASURER ON BEHALF OF THE DIRECTOR OF INSURANCE, WHO IS, IN TURN, HOLDING THE SECURITY FOR:

(Complete Name of Company)

(NAIC#)

CERTIFICATE OF DEPOSIT DESCRIPTION:

Name of Financial Institution _____

Face Amount: \$ _____ Interest Rate _____ % Maturity Date: _____

Certificate of Deposit Number: _____

Financial Institution Account Number: _____ (If different than CD Number)

WHICH WAS CLASSIFIED AS A: (Check one type only)

- ☐ HCSO Escrow Reserve Deposit - pursuant to A.R.S. § 20-1056
- ☐ Ordinary Statutory Deposit required for authority to transact in Arizona
- ☐ Retaliatory Deposit pursuant to A.R.S. § 20-230
- ☐ Special Voluntary Deposit
- ☐ Security Deposit for the benefit of ARIZONA policyholders only
- ☐ Workers' Compensation Deposit pursuant to A.R.S. § 23-961

INSTRUCTIONS FOR DELIVERY OF THE RELEASED CERTIFICATE ARE:

- A. The Company authorizes _____ of _____
to take possession of the Certificate of Deposit at a meeting to be scheduled by the Department of Insurance.
- B. Ordinary U.S. mail delivery directed to:
- Recipient Name and Title: _____
- Company or Firm Name: _____
- Street Address: _____
- City, State, Zip: _____

BY THIS AUTHORIZED REPRESENTATIVE OF THE COMPANY: (authorizing resolution may be required)

Name: _____ Title: _____

Signature: _____ Date: _____

CONTACT PERSON: _____ Title: _____

Collect or Toll Free Phone: _____ Fax: _____

***DELIVER THIS FORM TO THE TRUST DEPOSITS UNIT OF THE ARIZONA DEPARTMENT OF INSURANCE AT
THE ADDRESS SHOWN ABOVE***

Please call the Trust Deposits Unit at (602) 364-2712 for assistance with completing and filing this form.